



### SECTION D – DECLARATION by MEMBER

I  hereby confirm that I elect to effect/terminate my additional voluntary contribution as indicated above.

I further agree/declare that:

1. I bear the full investment risk of the financial markets and am satisfied that my selection above supports my needs.
2. The onus is on me the member to ensure that the instruction provided herewith is duly carried out by both my employer and the National Fund for Municipal Workers.
3. I have consulted with a qualified financial advisor in order to obtain professional advice insofar the above requested amendments. Alternatively, I declare that I have the necessary knowledge of investments and therefore do not need the advice of a qualified financial advisor.
4. I accept sole responsibility for the choices selected above and irrevocably indemnify the National Fund for Municipal Workers, its Board of Trustees, my employer or any representative of the aforementioned entities for any losses or damages that I may incur as a result of this instruction and hereby relinquish all rights to any potential claim that I might have against the mentioned entities.

Signature: Member

Date

### SECTION E – CONFIRMATION BY EMPLOYER

I , hereby confirm that I am a duly authorised representative/employee of the employer of the above member and further confirm that I have received and implemented his/her instruction in relation to additional voluntary contributions, as stated above. I further undertake to send this signed form to the respective Fund Administration Officer at the National Fund for Municipal Workers.

Signature: Employer

Date

Official Stamp

#### National Fund for Municipal Workers CONTACT DETAILS

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